

Statewide Application Package

Emergency Housing and Assistance Program  
(EHAP)

CAPITAL DEVELOPMENT DEFERRED LOANS

January 17, 2003



State of California  
Department of Housing and  
Community Development

**Statewide Application Package**  
Emergency Housing and Assistant Program  
Capital Development Deferred Loans

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## EHAP CAPITAL DEVELOPMENT APPLICATION CHECKLIST AND CERTIFICATION

**General Instructions:** Read the Regulations, Provision 3 of Item 2240-105-0001 of the Budget Act of 2000, and Section 1.7 of the 2002 Bond Act carefully. Prepare a separate capital development application for **each project site**; see Regulations for definition of "site"). Use this index/checklist to ensure you organize and include all necessary information. Please type or print neatly. Submit **two complete sets** of the application (one with original signatures and one copy), and the additional pages requested. When answering use 12 point type, single-space typing. **Do not increase the amount of space allowed for answers.**

1. Please submit each in an appropriately sized white 3-ring binder with pockets inside the covers for insertion of information.
2. Use numbered tabs and divide the binder into Sections: I, II, III, and IV (or V).
3. In each section, set up dividers with lettered tabs to correspond to the index below. Place requested documents behind their corresponding tabs.
4. For items that are not applicable to your application, place sheets saying "Not Applicable" behind the tabs corresponding to those items.

APPLICANT NAME: \_\_\_\_\_

CITY AND COUNTY: \_\_\_\_\_

NUMBER OF EHAPCD APPLICATIONS SUBMITTED THIS FUNDING ROUND: \_\_\_\_\_

AMOUNT OF THIS LOAN REQUEST: \$ \_\_\_\_\_

TYPE OF SHELTER: (check appropriate box(es))       Emergency       Transitional       *Safe Haven*

BRIEF SUMMARY DESCRIPTION of proposed use of this EHAP CD loan: (25 words or less)

A. STATE APPLICATION CHECKLIST

All applicants **must** complete and submit the Checklist and Certification, and Sections I., II., III., IV. (or V.).

☐ A. STATE APPLICATION CHECKLIST

☐ B. CERTIFICATION

C. GENERAL APPLICANT INFORMATION (ALL APPLICANTS)

☐ 1. Application Summary Form

☐ 2. Applicant Eligibility

☐ 3. Sample Authorizing Resolution and Preparation Checklist

SECTION I: APPLICANT CAPABILITY

☐ A. Project Site Description

☐ B. Project Timeline

☐ C. Development Feasibility

☐ D. Development Team Capacity

SECTION II: IMPACT AND EFFECTIVENESS

☐ A. Client Capacity Increase

☐ B. Operations and Supportive Services: Existing and Planned

☐ C. Extent Proposed Project Addresses Community Needs

SECTION III: COST EFFICIENCY

☐ A. Need for EHAPCD Funds

☐ B. Operations/Capacity Costs Analysis

☐ C. Design

☐ D. Special Design Features

SECTION IV: DESIGNATED LOCAL BOARD (DLB) LOCAL PRIORITIES (To Be Inserted By Applicant)

☐ A. Overview and Suggested Presentation Format

**OR**

SECTION V: STATEWIDE PRIORITIES (To Be Inserted By Applicant)

☐ A. Overview and Priority Setting Questions

☐ B. Statewide Priority Setting System - Table

## APPENDICES (PLEASE PLACE TAB FOR EACH)

- [ ] A. Preparation Checklist and Sample Authorizing Resolution - **(Page 18)**
- [ ] B. Sample Leasehold Agreement - **(Page 26)**
- [ ] C. EHAPCD Sources and Uses Statement - **(Page 33)**
- [ ] D. Detailed Cost Estimates for Capital Development Activities - **(Page 36)**
- [ ] E. Capital Development Project Financing - **(Page 37)**
- [ ] F. Project Operating Income and Expense Statement - **(Page 39)**
- [ ] G. Project Staffing - **(Page 45)**
- [ ] H. Completed Capital Development Projects - **(Page 47)**
- [ ] I. Organization Income and Expense Statement (N/A if public jurisdiction) - **(Page 49)**
- [ ] J. Past Occupancy - **(Page 52)**
- [ ] K. History and Projection of Project Operating Funding Sources - **(Page 53)**

## ADDITIONAL ATTACHMENTS (provided by the applicant – PLEASE PLACE TAB FOR EACH)

- [ ] A. Articles of Incorporation, By-laws, IRS Tax Exempt Status 501(c)(3) (non-profit applicants only)  
Include addendums if name change(s) occurred - **(Page 16)**
- [ ] B. Copy of 2001 or 2002 IRS Form 990 or 990EZ (non-profit applicants only) - **(Page 17)**
- [ ] C. Executed Authorizing Resolution by Governing Board - **(Page 20)**
- [ ] D. Evidence of Site Control - **(Page 22)**
- [ ] E. Preliminary Title Report (dated within 6 months prior to application deadline) - **(Page 23)**
- [ ] F. Lessor Letter Agreeing to Lease Approval, Execution and Recordation of the Deed of Trust or Lease Rider and Estoppel Agreement (must submitted with loan application, if site is to remain in leasehold title) - **(Page 25)**
- [ ] G. Rent Comparisons (if site to remain in leasehold title) - **(Page 27)**
- [ ] H. Evidence of Permissive Zoning, Conditional Use Permit (or document demonstrating that project has permissive current zoning and general plan designations) - **(Page 28)**
- [ ] I. Certificate of Occupancy (if rehabilitation or acquisition project) - **(Page 29)**
- [ ] J. Evidence of Other Funding Commitments - **(Page 40)**
- [ ] K. Appraisal (if project site is or will be fee title) - **(Page 41)**
- [ ] L. Explanation of Environmental Condition and Reports - **(Page 42)**
- [ ] M. Relocation Issues Narrative and Relocation Plan - **(Page 43)**
- [ ] N. Organizational Structure and Board Roster - **(Page 46)**
- [ ] O. EHAP Capital Development Project Administrator, Information-resume, written commitment, and job description, Attachments O-1 for Developer O-2 for Architect O-3 for Property Management (if applicable) - **(Page 54-57)**
- [ ] P. Annual Fiscal Report Submitted to the Secretary of State, Franchise Tax Board, or IRS for 2001 or 2002 showing total income and expenditures (non-profit applicants only) **(Page 58)**
- [ ] Q. Policies and Conditions of Stay (e.g., intake procedures, house rules) - **(Page 62)**
- [ ] R. Project Schematics - **(Page 65)**
- [ ] S. Rehabilitation - Current Condition Statement and Overall Scope of Work - **(Page 66)**
- [ ] T. Documentation of Off-site Improvement Costs - **(Page 67)**

B. CERTIFICATION OF APPLICATION INFORMATION

I am authorized to apply on behalf of \_\_\_\_\_ and attest that all information contained in this application is accurate and complete to the best of my knowledge. All information contained in this application is acknowledged to be public information. I authorize the Department of Housing and Community Development to contact any or all of the parties listed in this proposal.

\_\_\_\_\_  
Authorized Signature for Applicant (authorized by resolution)

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Date

## INSTRUCTIONS FOR COMPLETING GENERAL APPLICANT INFORMATION

**Please follow these step-by-step instructions for completing the Application Summary Form on the following three pages. It is important for reviewing purposes that the “Information” section be completed correctly.**

Applicant Name: Provide the name of the organization that will be administering the funds. This must be the same as stated on the Resolution. As incorporated (from 501(c)(3) or Articles of Incorporation). If it is different from one or both of these documents, an explanation must be provided on a separate sheet of paper and attached immediately behind the first page of the Application Summary Form. Do not include DBAs.

Type of Applicant: Indicate whether the applicant is a Non-profit or Government Agency. Community Action Agencies will be considered a non-profit unless the Resolution is from the Board of Supervisors.

Total EHAPCD Loan Amount: Provide the total loan amount you are requesting in this application.

City: Provide the name of the city(ies) where the shelter/program is located/operated. This is not where the administrative office is located unless it is located onsite at the shelter/program.

County: Provide the name of the county where the shelter/program is located/operated. This is not where the administrative office is located unless it is located onsite at the shelter/program.

Authorized Signatory Representative: Provide the name and title of the person that is authorized to sign the Application and the Standard Agreement as stated in the Resolution.

Street Address or P.O. Box, City and Zip Code: Provide the address for the administrative office.

Telephone Number: Provide the phone number for the administrative office.

Fax Number: Provide the fax number for the administrative office.

Contact Person: Provide the name and title of the person to be contacted regarding the loan.



Telephone Number: Provide the phone number for the person to be contacted regarding the loan. Include an extension number if available.

Fax Number: Provide the fax number for the person to be contacted regarding the loan.

Email Address: Provide the email address for the person to be contacted regarding the loan.

Amounts Requested  
for Each Major

Funding Category: Indicate the dollar amounts for each major funding category for which you are applying. Administration cannot exceed 5% of the total loan amount. The total must equal the total loan amount indicated above.

Target Population: Check the box next to each of the primary target populations that will be served by this project. If the group is not listed, please check “Other” and briefly indicate the target population on the line provided.

Project/Shelter Name-

Address-City-County: Provide the name, address, city, and county for all of the sites. If the address is confidential, so state, indicate the reason, and provide the city, county, and zip code of the site.

Target Populations: Indicate the numerical code for each of the primary target populations served at this site. The code is the number next to the code checked above.

Requested Amount: Indicate the portion of the loan amount requested for this site.

Average Number

Served Daily: Please use the following formula to determine this count.

1. Take your daily count of persons served and project it over the next twelve months (duplicate counts of the same persons served on different days is acceptable).
2. Divide this number by 12.
3. Divide the product by 30.
4. Round this product to the nearest whole number.

Sample: 24,000 persons to be served within the next twelve (12) months / 12 = 2000.  
2000 / 30 = 66.66 (rounded to 67)

Type of Assistance

Requested:

Indicate number of all beds funded by proposed project for whichever type applies. This includes both new and preserved beds or a combination of the two.

Legislative

Representative:

Indicate the District Number, name, and mailing address for the Assembly and Senate Member for the project's location (s). If unknown, consult the State Government Offices section of the white pages of your phone book, under Assembly and Senate or call the Chief Clerk at the Capitol at (916) 445-3614.

Project Site

Location:

Indicate whether the project site is located in an "Urban" or "Non-urban" county.

Title to be held

during loan term:

Indicate whether the title will be held as a "Leasehold Interest" or "Fee Simple."

Emergency Housing and Assistance Program – Capital Development (EHAPCD)		
C.1. - Application Summary Form		
Type of Information	Information	Instructions
Applicant Name		<b>Must be same as stated on the Resolution.</b> As incorporated (from 501(c)(3), or Articles of Incorporation); if different from one or both of these, explain why in a separate sheet of paper, attached immediately behind this page. <b>(DO NOT INCLUDE DBAs).</b>
Type of Applicant	<input checked="" type="checkbox"/> Non-profit <b>or</b> <input checked="" type="checkbox"/> Government	Community Action Agencies will be considered a non-profit unless the resolution is from the Board of Supervisors.
Last 3 digits of loan #		<b><u>For State Use Only. Leave Blank.</u></b>
Total EHAPCD Loan Amount		Enter the loan amount you are requesting.
City		Where the <b>shelter or program</b> is <b>located or operated</b> . This is <b>NOT</b> where the <b>administrative office</b> is located <b>unless</b> it is located onsite at the shelter or program.
County		
Authorized Signatory Representative Name AND Title		As stated in the Resolution. This is the title or position of the person that is authorized to sign the Application and the Standard Agreement.
Street Address or P.O. Box City and Zip Code		Information for the administrative office.
Telephone Number		
Fax Number		
Contact Person Name AND Title		This is the person we will call regarding your loan. Please make sure the correct person is listed. Include a telephone extension number if available.
Telephone Number		
Fax Number		
Email Address		
Title and Last Name		<b><u>For State Use Only. Leave Blank.</u></b>
<b>Amounts Requested For Each Major Funding Category:</b>		
Acquisition	\$	Enter the dollar amount for each Major Funding Category that you are applying for.
New Construction	\$	
Rehabilitation	\$	
Administration	\$	Maximum 5% of the Total EHAPCD Loan Amount
TOTAL	\$	Must equal "Total Loan Amount" above.

<b>Target Population:</b> Check the primary target population(s) that will be served by this project.			
<input type="checkbox"/> 1. Physically Disabled <input type="checkbox"/> 2. Persons with AIDS <input type="checkbox"/> 3. Youths <input type="checkbox"/> 4. Single Adults <input type="checkbox"/> 5. Single Men <input type="checkbox"/> 6. Single Women <input type="checkbox"/> 7. Families		<input type="checkbox"/> 8. Seniors <input type="checkbox"/> 9. Mentally Ill <input type="checkbox"/> 10. Veterans <input type="checkbox"/> 11. Victims of Domestic Violence <input type="checkbox"/> 12. Substance Abusers <input type="checkbox"/> 13. Dually-Diagnosed <input type="checkbox"/> 14. Other: _____	
<b>Project/Shelter Name and Address:</b> Actual shelter location(s). If address is confidential, so state and indicate reason and give <b>city, county, and zip code</b> of the project.			
Project/Shelter Name – Address – City – County	Target Population(s)	Requested Amount	Average Number Served Daily
1.		\$	
2.		\$	
3.		\$	
4.		\$	
<b>Type of Assistance Requested:</b>			
Emergency Shelter	_____ New Beds _____ Preserved Beds	Indicate number of all beds funded by proposed project for whichever type applies. This includes both new and preserved beds or a combination of the two. <b>DO NOT LEAVE BLANK.</b>	
Transitional Housing	_____ New Beds _____ Preserved Beds		
<i>Safe Haven</i>	_____ <i>New Beds</i> _____ <i>Preserved Beds</i>		
<b>Legislative Representative:</b>			
Assembly District No.		Senate District No.	
Assembly Member Name and Address		Senate Member Name and Address	
<b>Additional Project Information:</b>			
Project site location	<input type="checkbox"/> Urban County <b>or</b> <input type="checkbox"/> Non-urban County	See NOFA Page 12 for list of urban and non-urban counties.	
Title to be held during loan term as:	<input type="checkbox"/> Leasehold Interest <b>or</b> <input type="checkbox"/> Fee Simple		

## C.2. APPLICANT ELIGIBILITY

Answer each of the following questions to determine your eligibility pursuant to section 7959 of the Regulations. Please make sure your answers are accurate, as we will use this information to determine eligibility.

1. Authority:                \_\_\_\_\_ Public Agency    \_\_\_\_\_ Non-profit Corporation [501(c)(3)]
2. When did your organization begin providing client housing (month/year)?                \_\_\_\_\_ / \_\_\_\_\_  
  
Has the client housing been provided continuously for the last 12 months?        \_\_\_\_\_ Yes        \_\_\_\_\_ No  
  
If housing is only provided seasonally, give dates of most recent period when housing was provided:  
  
\_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_
3. Does the shelter/facility for which EHAP Capital Development funding will be used contain any of the conditions of a substandard building listed in Health and Safety Code section 17920.3 *that will remain after funding*?  
  
\_\_\_\_\_ Yes        \_\_\_\_\_ No

If yes, shelter is not eligible. Contact State staff for guidance. Explain why your shelter should be considered eligible even though you've answered "Yes" to this question.

4. Is a client required to participate in any religious or philosophical service, ritual, meeting or rite as a condition of receiving shelter?                \_\_\_\_\_ Yes        \_\_\_\_\_ No

If yes, shelter is not eligible. Contact State staff for guidance. Explain why your shelter should be considered eligible even though you've answered "Yes" to this question.

**Before answering question 5.A. or B., please read the Department's policy document titled "Serving Selected Populations with EHAP Funding" located in Addendum A on page 75 of this application. Failure to explain your answer where a question asks you to "please explain" may result in rejection of your application for incompleteness.**

5. A. **Emergency Shelter Applicants Only** (Transitional Housing & Safe Haven Applicants skip to Page 12, Question 5 B.)

- 1) Does your emergency shelter target a particular subpopulation of homeless persons at the emergency shelter for which EHAPCD funds are being requested?

\_\_\_\_\_ No    **If "No," skip to Question 6 on Page 13.**

\_\_\_\_\_ Yes    **If "Yes," answer Question 2) on Page 11.**

- 2) Does your emergency shelter target services exclusively to either men or women?
- \_\_\_ Yes    **If “Yes”,** describe the target subpopulation in the following  
blank \_\_\_\_\_ **and** skip to Question 6 Page 13.  
(target subpopulation)
- \_\_\_ No    **If “No”,** answer Question 3) below:
- 3) Does your emergency shelter target services exclusively to persons 24 years of age or younger?
- \_\_\_ Yes    **If “Yes”,** describe the target population in the following  
blank \_\_\_\_\_, and skip to Question 6 Page 13.  
(target population)
- \_\_\_ No    **If “No”,** answer Question 4) below.
- 4) If you had an available bed at your emergency shelter, and a person who is not a member of that facility’s target population requested a bed, would you deny that available bed to this person?
- \_\_\_ Yes    **If “Yes”,** answer Question 5) below.
- \_\_\_ No    **If “No”,** skip to Question 6 on Page 13.
- 5) In circumstances where any client is denied emergency shelter when there is a vacancy, would you ensure that there is adequate alternate accommodation – including arranging for a bed or providing a voucher for a bed at an alternative facility and reasonable transportation to that facility?
- \_\_\_ Yes    **If “Yes”,** please answer a) and b) below:
- \_\_\_ No    **If “No” to Question 5) above, you are not eligible for EHAP funds. Ineligible applicants may contact EHAPCD for technical assistance.**
- a) Identify the facilities and organizations you partner with to provide alternate shelter accommodations:

<u>Facility Name/Address</u>	<u>Facility operated by (organization name)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**AND;**

- b) List the type(s) of transportation to an alternate facility you will provide.

Type of transportation

Name of Alternate Facility

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**B. Transitional Housing & Safe Haven Applicants Only:**

- 1) Is there a State or Federal law or regulation that requires your transitional housing facility to exclusively serve a select homeless subpopulation?

\_\_\_\_\_ Yes    **If “yes,”** in the space below list the applicable State or Federal law or regulation, and the agency that requires it. Then skip to Question 6 on Page 16.

State/Federal law or regulation citation (include name of code)

Funding Agency

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\_\_\_\_\_ No    **If “no,”** answer Question 2 below:

- 2) If you had an available bed at your transitional housing facility, and a person who is not a member of that facility’s target population requested a bed, would you deny the available bed to that person?

\_\_\_\_\_ Yes    **If “yes,”** answer Questions 3 and 4 below:

\_\_\_\_\_ No    **If “no,”** skip to Question 6 on Page 13.

- 3) **If “yes,”** does the nature of the physical facilities reasonably necessitate a restriction of the facilities exclusively to your target population?

\_\_\_\_\_ Yes    **If “yes”** please explain (attach additional page if more space is required):

\_\_\_\_\_ No

- 4) Does the nature of the services provided at your transitional housing facility reasonably necessitate a restriction of the facilities exclusively to your target population?

\_\_\_\_\_ Yes    **If “yes,”** please explain (attach additional page if more space is required):

\_\_\_\_\_ No    **If you answered “no” to both Questions 3 and 4 above, you are not eligible for EHAP funds. Ineligible applicants may contact EHAPCD for technical assistance.**

- 5) Identify the maximum number of days (including extensions) a client will be sheltered by the facility/activity for which EHAP funding is requested: \_\_\_\_\_ Days

**For Emergency Shelter AND Transitional Housing & Safe Haven Projects:**

- 6) Type(s) of client housing provided:
- \_\_\_\_\_ Emergency Shelter (Answer only Questions 7-9), and then skip to Attachment A on Page 16.
- \_\_\_\_\_ Transitional Housing w/Services & Safe Haven (Skip Questions 7-9), answer Question 10 only, then skip to Attachment A on Page 16.
- 7) Does the emergency shelter/facility reserve space for clients? \_\_\_\_\_ Yes \_\_\_\_\_ No
- If yes, shelter is not eligible. Contact State staff for guidance. Explain why your shelter should be considered eligible even though the answer to this question is Yes.
- 8) Does the emergency shelter/facility require any fee, voucher or contribution from the client? \_\_\_\_\_ Yes \_\_\_\_\_ No
- If yes, shelter is not eligible. Contact State staff for guidance. Explain why your shelter should be considered eligible even though you've answered "Yes" to this question.
- 9) Are the rules of occupancy and maximum stay conspicuously posted at the emergency shelter? \_\_\_\_\_ Yes \_\_\_\_\_ No
- If no, shelter is not eligible. Contact State staff for guidance. Explain why your shelter should be considered eligible even though you've answered "No" to this question.

**Emergency Shelter Applicants skip to Attachment A on Page 16.**



Transitional Housing & Safe Haven Applicants answer Questions 10) a) through g), and then continue with Attachment A on Page 16.

10) For applicants providing transitional housing with services or safe haven:

- a) Are clients offered at least three self-sufficiency development services in conjunction with occupancy of the housing? **(List below the types of services provided.)** \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, shelter is not eligible. Contact State staff for guidance. Explain why your shelter should be considered eligible even though you've answered "No" to this question.

- b) Is every client provided referrals or placements to permanent housing? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, shelter is not eligible. Contact State staff for guidance. Explain why your shelter should be considered eligible even though you've answered "No" to this question.

- c) Does every client accumulate funds to be applied to renting permanent housing? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, shelter is not eligible. Contact State staff for guidance. Explain why your shelter should be considered eligible even though you've answered "No" to this question. **Note: Transitional housing applicants should mark this question "N/A", if rent is not charged.**

- d) Is rent charged for occupancy of the transitional housing? \_\_\_\_\_ Yes \_\_\_\_\_ No  
**If answer is "no," type "N/A" for response to 10 e), f), and g)**

- e) Is rent equal to or less than 30% of each individual household's income? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, shelter is not eligible. Contact State staff for guidance. Explain why your shelter should be considered eligible even though you've answered "No" to this question.

- f) Is at least 10% of the rent set aside for the client to be used for rental of permanent housing? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, shelter is not eligible. Contact State staff for guidance. Explain why your shelter should be considered eligible even though you've answered "No" to this question.

- g) Is the rent set aside accounted for separately for each client? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, shelter is not eligible. Contact State staff for guidance. Explain why your shelter should be considered eligible even though you've answered "No" to this question.

ATTACHMENT A – (Page 16 of Completed Application)

ARTICLES OF INCORPORATION, BY-LAWS, IRS TAX EXEMPT STATUS  
(NON-PROFIT APPLICANTS ONLY)

**AND**

ATTACHMENT B – (Page 17 of Completed Application)

COPY OF 2001 *or* 2002 IRS FORM 990 OR 990EZ (*MOST CURRENT*)  
(NON-PROFIT APPLICANTS ONLY)

## APPENDIX A – PREPARATION CHECKLIST AND SAMPLE AUTHORIZING RESOLUTION

The Resolution accompanying an application for the Emergency Housing and Assistance Program (EHAP) must include the information contained in the Sample Authorizing Resolution. Please confirm the following requirements have been met:

- The Sample Authorizing Resolution language and format (see Sample Authorizing Resolution next page) has been used and prepared on your organization's letterhead (**Do not use the Sample Resolution page**).
- The name of the applicant organization that is listed on the Resolution must match the organization name that appears on the Articles of Incorporation filed with the Secretary of State. Be consistent throughout the Resolution to use the exact name. **Do not include DBAs, names of project sites, or programs.**
- The Resolution shows the date of the board action to approve the Resolution. This board action must occur after January 17, 2003 and on or before April 14, 2003.
- The title/office of the person authorized to sign the Standard Agreement (not the person's name) was included.
- The vote tally section has been completed.
- The Approving Officer, who signs the Resolution, cannot be the Authorized Officer named to sign the EHAP Application and the EHAP Standard Agreement.
- The "Approving Officer" and the "Attest" lines have been signed and the required titles/names have been printed below the signatures.

**Please make sure the Resolution has been prepared using the Sample Authorizing Resolution format. Following up with grantees to obtain corrected Resolutions is extremely time consuming and causes delays in executing Standard Agreements.**

If you have any questions regarding the required Resolution, please call the EHAPCD staff at (916) 445-0845 or e-mail [bstolk@hcd.ca.gov](mailto:bstolk@hcd.ca.gov). If you would like the Sample Resolution sent to you by e-mail or on disk, please contact Barbara Stolk at the above phone number or e-mail address.

## SAMPLE AUTHORIZING RESOLUTION

### RESOLUTION

#### WHEREAS:

- A. The State of California, Department of Housing and Community Development, Division of Community Affairs, issued a Notice of Funding Availability (NOFA) for the Emergency Housing and Assistance Program (EHAP) (EHAP Capital Development Allocation); and
- B. [ ] is a non-profit corporation or local  
(Insert Name of Application Organization)  
government agency that is eligible and wishes to apply for and receive an EHAP loan;

#### NOW THEREFORE BE IT RESOLVED THAT:

1. The Board of Directors of [ ] hereby authorizes  
(Insert Name of Applicant Organization)  
[ ] to apply for an EHAP loan in an amount not more than the  
(Insert Title of Authorized Person/Officer)  
maximum amount permitted by the NOFA, and in accordance with the program statute, Regulations, and Local  
Emergency Shelter Strategy, where applicable.
2. If the loan application authorized by this Resolution is approved, the [ ]  
(Insert Name of Applicant Organization)  
hereby agrees to use the EHAP funds for eligible activities in the manner presented in the application as approved  
by the Department and in accordance with the program statute (Health and Safety Code Section 50800 – 50806.5)  
and Regulations (Title 25, Division 1, Chapter 7, Subchapter 12, Sections 7950 through 7976 of the California  
Code of Regulations); Provision 3 of Item 2240-105-0001 of the Budget Act of 2000, Section 1.7 of the 2002  
Bond Act and the Standard Agreement.
3. If the loan application authorized by this Resolution is approved, [ ]  
(Insert Title of Authorized Person/Officer)  
is authorized to sign the Standard Agreement and any subsequent amendments with the Department for the  
purposes of this loan. *(Remember to use only the title of the person in case of staff/board turnover. Delays  
caused by naming individuals may jeopardize your loan.)*

PASSED AND ADOPTED at a regular meeting of the [ ]

(Insert Name of Applicant Organization)

this [ ] day of [ ], 200[ ] by the following vote:

AYES:

ABSTENTIONS:

NOES:

ABSENT:

[ ]  
Signature of Approving Officer

[ ]  
Printed Name and Title of Approving Officer

ATTEST: [ ]  
Signature and Title

ATTACHMENT C

EXECUTED AUTHORIZING RESOLUTION BY GOVERNING BOARD

## I. APPLICANT CAPABILITY

Answer the following questions (including all subparts) to describe your existing and proposed operations and demonstrate your capability to successfully complete the activities of your EHAPCD loan proposal. Use only the space provided (margins should be a minimum of ½", font a minimum of 12 pt.). Be sure to include all the information requested. Attach additional supporting documentation only if the requested document is not applicable. Use the bottom of Page 68 for additional space for your answers.

### A. Project Site Description

1. Is the site currently (check one) owned ? or leased ? by applicant? (Check one)
  - a. If owned, since when? \_\_\_\_/\_\_\_\_/\_\_\_\_
  - b. If leased give term: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
  
Is the Lease recorded? ? Yes ? No  
*(If not, Lessor must agree to acceptance, recordation and execution of the Lease and Deed of Trust or the Department's Lease Rider and Estoppel Agreement)*
  - c. If not owned, give name and address of current legal owner and describe how title is held. If a title transfer is to occur, specify date of proposed transfer.
  - d. Submit evidence of site control as **Attachment D** (e.g., executed and dated Sales Agreement, Grant Deed, or Lease)
  - e. Submit a title policy or preliminary title report as **Attachment E** for verification of property address, legal description, and plat map.
2. If site acquisition is proposed, briefly describe the timeframe for closing the acquisition, financing, and any unusual issues.
3. Is the shelter/facility occupied now? ? Yes ? No

ATTACHMENT D – (Page 22 of Completed Application)

EVIDENCE OF SITE CONTROL

**AND**

ATTACHMENT E (Page 23 of Completed Application)

POLICY OF TITLE OR PRELIMINARY TITLE REPORT  
(VERIFICATION OF PROPERTY ADDRESS, LEGAL DESCRIPTION, AND PLAT MAP)



4. Will the shelter/facility be occupied during rehabilitation? ? Yes ? No
  - a. If yes, will it be at full occupancy? ? Yes ? No
  - b. If no, when will full occupancy resume? \_\_\_\_/\_\_\_\_/\_\_\_\_
5. How many days will the shelter/facility be open annually during the length of the loan term?
6. If the site is leased and you are proposing new construction or rehabilitation, submit a letter (**Attachment F**) a letter from the Lessor agreeing to Department approval, execution, and recordation of the Lease and Department's Deed of Trust Rider or Lease Rider and Estoppel Agreement (**Appendix B**).
7. Submit at least 3 rent comparisons as **Attachment G**.
8. Land use description:
  - a. Current Zoning Designation:\_\_\_\_\_
  - b. Current General Plan Designation:\_\_\_\_\_
  - c. Do current zoning and general plan designations permit use for emergency shelter or transitional housing? ? Yes ? No
  - d. If yes, submit evidence of permissive use as **Attachment H**.
  - e. If no, how will the proposed facility be accommodated, and when? \_\_\_\_/\_\_\_\_/\_\_\_\_
 

? Rezoning	? General Plan Amendment
? Zoning Variance	? Conditional Use Permit
? Other: _____	
9. Has the Certificate of Occupancy been issued? ? Yes ? No
  - a. If yes, submit Certificate of Occupancy as **Attachment I**.

ATTACHMENT F

LESSOR LETTER AGREEING TO LEASE APPROVAL, EXECUTION AND RECORDATION OF THE  
DEPARTMENT'S DEED OF TRUST AND/OR LEASE RIDER AND ESTOPPEL AGREEMENT.

REFER TO APPENDIX B FOR MINIMUM REQUIRED LANGUAGE.

(MUST BE SUBMITTED WITH LOAN APPLICATION, IF SITE IS TO REMAIN IN LEASEHOLD TITLE)

**APPENDIX B – LEASEHOLD AGREEMENT  
MINIMUM REQUIRED LANGUAGE**

Department of Housing and Community Development  
Emergency Housing and Assistance Program- Capital Development Deferred Loan (EHAPCD)

We, the undersigned Lessee and Lessor for \_\_\_\_\_ which is an applicant for a  
Applicant's name

California Department of Housing and Community Development's (the Department) Emergency Housing and Assistance Program Capital Development Loan hereby agree to obtain the Department's approval of the Lease with a minimum loan term equal to \_\_\_\_\_ years (development activity minimum loan term per Page 3 of the EHAPCD NOFA 2002/2003) and also agree to execute said Lease, the Department's Deed of Trust and/or Lease Rider and Estoppel Agreement. Execution and recordation of said documents will allow the Department to obtain the leasehold title security required for this loan.

This is a Leasehold Agreement between \_\_\_\_\_  
(Lessee) and the \_\_\_\_\_ (Lessor) for the use of property  
at \_\_\_\_\_  
as Emergency Shelter or Transitional Housing for homeless people.

LESSEE:

By \_\_\_\_\_

Date \_\_\_\_\_

LESSOR:

By \_\_\_\_\_

Date \_\_\_\_\_

ATTACHMENT G – (Page 27 of Completed Application)

RENT COMPARISONS  
(IF SITE TO REMAIN IN LEASEHOLD TITLE)

**AND**

ATTACHMENT H – (Page 28 of Completed Application)

EVIDENCE OF PERMISSIVE ZONING, CONDITIONAL USE PERMIT  
OR DOCUMENT DEMONSTRATING THAT PROJECT HAS PERMISSIVE CURRENT ZONING AND  
GENERAL PLAN DESIGNATIONS

**AND**

ATTACHMENT I – (Page 29 of Application)

CERTIFICATE OF OCCUPANCY  
(IF APPLICABLE, REHABILITATION OR ACQUISITION *OF EXISTING FACILITY* ONLY)  
(*STATES CAPACITY & PROPERTY USE*)

A. Project Site Description (continued from page 24)

10. Building Information: ? Existing ? Proposed

Check one. Then briefly describe the project structure(s) including number and type of rooms/units, office, dining, recreational, and common spaces, along with the square footage of the site and buildings:

a. *Market value of proposed project:* \$\_\_\_\_\_

*Supported by:*  
(check one)

*? Appraisal dated 6 months or less from application due date and included as Attachment K (if project site is or will be fee title) if not included, to be submitted by \_\_\_\_\_*  
(Date)

*? Broker's Price Opinion of value submitted with this application*

*? Other (specify) \_\_\_\_\_*

11. Complete the chart below to show existing and/or proposed project makeup.

Type	Total Number Existing	Total Number Proposed
Rooms		
Bedrooms		
Apartments		
Beds		
Kitchens		
Bathrooms		
Office		
Dining		
Recreation/Living/Common Area		
Other:		
Other:		

B. Project Timeline

Organization Name: \_\_\_\_\_

Site Address: \_\_\_\_\_ Date: \_\_\_\_\_

Development Step	Start Date	Completion Date
Acquire planning approval		
Acquire building permit from building authority		
Relocation implementation plan completion		
Acquire development <i>site</i> or <i>facility</i> through purchase (circle one)		
Bid package completion		
Bid selection		
Other financing closing		
Relocation completion		
Construction contract execution		
Desired EHAPCD loan closing date		
Construction start up		
Construction completion		
Acquire certificate of occupancy		
Occupancy start up		
Other:		
Other:		

C. Development Feasibility – Insert the following documents

1. Subsidy Comparison (**Appendix C & D**)
2. Leveraging Comparison (**Appendix E & F**) (**Attachment J**)
3. Project Readiness (**Attachments K thru M**)

# APPENDIX C – EHAPCD SOURCES AND USES STATEMENT

	TOTAL PROJECT COSTS	Permanent Financing Sources					
Development Budget		EHAPCD	2_____	3 _____	4_____	5_____	6_____
LAND COST/ACQUISITION							
Land Cost or Value							
Demolition							
Legal							
<b>Total Land Cost or Value</b>							
IMPROVEMENT COSTS							
Existing Improvements Value							
Off-Site Improvements		XXXXXXXX					
<b>Total Improvements Costs</b>							
ACQUISITION COSTS							
<b>Total Acquisition Costs</b>							
REHABILITATION							
Site Work							
Structures							
General Requirements							
Contractor Overhead							
Contractor Profit							
Relocation Expenses		XXXXXXXX					
<b>Total Rehab. Costs</b>							
NEW CONSTRUCTION							
Site Work							
Structures							
General Requirements							
Contractor Overhead							
Contractor Profit							
<b>Total New Construction Costs</b>							
ARCHITECTURAL FEES							
Design							



	TOTAL PROJECT COSTS	Permanent Financing Sources					
Development Budget		EHAPCD	2_____	3 _____	4_____	5_____	6_____
Supervision							
<b>Total Architectural Costs</b>							
CONST. INTEREST & FEES							
Const. Loan Interest							
Origination Fee							
Credit Enhance. & App. Fee							
Bond Premium							
Taxes							
Insurance							
Title and Recording							
<b>Total Const. Interest &amp; Fees</b>							
PERMANENT FINANCING							
Loan Origination Fee		XXXXXXXX					
Credit Enhance. & App. Fee		XXXXXXXX					
Title and Recording		XXXXXXXX					
Other		XXXXXXXX					
<b>Total Perm. Financing Costs</b>		XXXXXXXX					
LEGAL FEES							
Lender Legal Pd. by Applicant		XXXXXXXX					
Other (Specify)		XXXXXXXX					
<b>Total Attorney Costs</b>		XXXXXXXX					
RESERVES							
Rent Reserves		XXXXXXXX					
Capitalized Rent Reserves		XXXXXXXX					
Capitalized Operating Reserve		XXXXXXXX					
Capitalized Replacement Reserves		XXXXXXXX					
<b>Total Reserve Costs</b>		XXXXXXXX					
OTHER CONSTRUCTION COSTS							
Appraisal Costs							
Survey & Engineering Costs							

	<b>TOTAL PROJECT COSTS</b>	<b>Permanent Financing Sources</b>					
<b>Development Budget</b>		EHAPCD	2 _____	3 _____	4 _____	5 _____	6 _____
Contingency Costs		XXXXXXX					
<b>Total Other Construction Costs</b>							
<b>TOTAL CONSTRUCTION</b>							
<b>Total Construction Costs</b>							
<b>OTHER</b>							
TCAC App/Alloc/Monitor Fees		XXXXXXX					
Environmental Audit							
Local Dev. Impact Fees							
Permit Processing Fees							
Capital Fees		XXXXXXX					
Marketing		XXXXXXX					
Furnishings		XXXXXXX					
Other (specify)							
Other (specify)							
<b>Total Other Costs</b>							
<b>SUBTOTAL - BUDGET</b>							
<b>Subtotal - Budget</b>							
<b>DEVELOPER COSTS</b>							
Developer Overhead/Profit		XXXXXXX					
Consultant/Processing Agent							
Project Administration							
Broker fees paid by owner							
Const. Mngmt Oversight							
Other (specify)							
<b>Total Developer Costs</b>							
<b>TOTAL PROJECT COST</b>							
<b>Total Project Costs</b>							

## APPENDIX D - DETAILED COST ESTIMATES FOR CAPITAL DEVELOPMENT ACTIVITIES

*Copy additional pages as needed.*

Estimator's Name: \_\_\_\_\_ Profession: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Costs Good Until: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Estimator's Signature: \_\_\_\_\_ License No.: \_\_\_\_\_

Summarize the work and/or equipment items by activity (e.g., new construction, rehabilitation) using the industry standard categories below. Include all minimum required costs developed at the schematic level, e.g. engineering; architectural; legal; locality fees; estimate of contractor general requirements, overhead, and profit; line item construction costs; relocation costs; and off-site costs. **Indicate each development cost to be paid by EHAP by notating the line item "EHAPCD".** Enter Totals listed on this form in Appendix C – EHAPCD Sources and Uses Statement on Page 33. After the loan award, competitive bidding is required to determine building contractor(s) and/or major equipment supplier(s). Note that the State prevailing wage law applies for all construction work paid for with EHAPCD funds.

A	B	C
Work or Equipment Item – Include quantity and unit cost, or number of hours and hourly cost.	Total Cost	Mark "EHAPCD" funded line items.
01 – GENERAL REQUIREMENTS		
02 – SITE WORK		
03 – CONCRETE		
04 – MASONRY		
05 – METALS		
06 – WOOD AND PLASTICS		
07 – THERMAL AND MOISTURE CONTROL		
08 – DOORS AND WINDOWS		
09 – FINISHES		
10 – SPECIALTIES		
11 – EQUIPMENT		
12 – FURNISHINGS		
13 – SPECIAL CONSTRUCTION		
14 – CONVEYING SYSTEMS		
15 – MECHANICAL		
16 – ELECTRICAL		

## APPENDIX E - CAPITAL DEVELOPMENT PROJECT FINANCING (Sources of Funds)

*Submit as Attachment J available evidence of other funding (e.g. award letters)*

1. Construction Financing (Complete only if different from permanent financing)  
Copy this form as necessary. Include in-kind sources.

*List Below All Projected Sources Required To Complete Construction.*

Name of Lender/Source	Term in Months	Interest Rate	Amount of Funds	Commitment Letter in application? Check if "Yes"
		%	\$	
		%	\$	
		%	\$	
		%	\$	

1. Name of Lender/Source: \_\_\_\_\_

Street Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Financing: \_\_\_\_\_

? Committed ? Not Committed Use: \_\_\_\_\_

2. Name of Lender/Source: \_\_\_\_\_

Street Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Financing: \_\_\_\_\_

? Committed ? Not Committed Use: \_\_\_\_\_

3. Name of Lender/Source: \_\_\_\_\_

Street Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Financing: \_\_\_\_\_

? Committed ? Not Committed Use: \_\_\_\_\_

4. Name of Lender/Source: \_\_\_\_\_

Street Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Financing: \_\_\_\_\_

? Committed ? Not Committed Use: \_\_\_\_\_

2. Permanent Financing

*List Below All Projected Sources Of Funds, Including Grants, Land Donations, Deferred Fees, Owner Equity, In-Kind, Etc. Copy This Form As Necessary.*

Name of Lender/Source	Term in Months	Interest Rate	Amount of Funds	Annual Debt Service	Commitment Letter in Application? Check if "Yes"
		%	\$		
		%	\$		
		%	\$		
		%	\$		
<b>Total Permanent Financing</b>			\$		
<b>Total Sources of Project Funds</b>			\$		

1. Name of Lender/Source: \_\_\_\_\_

Street Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Financing: \_\_\_\_\_

? Committed ? Not Committed Use: \_\_\_\_\_

2. Name of Lender/Source: \_\_\_\_\_

Street Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Financing: \_\_\_\_\_

? Committed ? Not Committed Use: \_\_\_\_\_

3. Name of Lender/Source: \_\_\_\_\_

Street Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Financing: \_\_\_\_\_

? Committed ? Not Committed Use: \_\_\_\_\_

4. Name of Lender/Source: \_\_\_\_\_

Street Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Financing: \_\_\_\_\_

? Committed ? Not Committed Use: \_\_\_\_\_

## APPENDIX F - PROJECT OPERATING INCOME AND EXPENSE STATEMENT

*New projects – complete column D only*

(A) INCOME	(B) PRIOR FY* __/__/__ - __/__/__	(C) CURRENT YEAR* __/__/__ - __/__/__	(D) PROJECTED FY __/__/__ - __/__/__
Private Donations			
Local Govt. _____			
State – EHAP			
State – Other _____			
FEMA			
CDBG			
Federal – Other _____			
Rental Income			
Fees			
Other _____			
Other _____			
<b>TOTAL INCOME</b>	\$	\$	\$
<b>EXPENSES</b>			
Rent/Lease			
Debt Service (Principal & Interest)			
Taxes			
Insurance			
Staff (for direct client services)			
Administration (incl. Admin. staff)			
Maintenance			
Utilities			
Reserves			
Other _____			
Other _____			
<b>TOTAL EXPENSES</b>	\$	\$	\$

Auditor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

*\*Not applicable if a new project*

ATTACHMENT J – (Page 40 of Completed Application)

EVIDENCE OF OTHER FUNDING COMMITMENTS

**AND**

ATTACHMENT K – (Page 41 of Completed Application)

APPRAISAL (*OR BROKER'S PRICE OPINION OF VALUE, IF APPRAISAL NOT COMPLETED AT TIME OF APPLICATION*)

(IF PROJECT SITE IS IN FEE SIMPLE TITLE *OR WILL BE*)

**AND**

ATTACHMENT L – (Page 42 of Completed Application)

EXPLANATION OF ENVIRONMENTAL CONDITION AND REPORTS

Submit as **Attachment L** an explanation of any environmental conditions, including all available Environmental Phase I or II Reports with any follow-up analysis (e.g., asbestos or lead-based paint analysis) or information on mitigation completed. A Phase I Report and compliance with all recommendations will be required prior to EHAPCD loan closing.

**AND**

ATTACHMENT M – (Page 43 of Completed Application)

RELOCATION ISSUES NARRATIVE AND RELOCATION PLAN

Submit as **Attachment M** a discussion of relocation issues, estimated temporary and permanent relocation costs, funding sources, relocation implementation plan completion date, and relocation timeline.

D. Development Team Capacity

1. Project Owner's Experience Base and Project Plan

a. Successful Housing Program Experience

- i. The organization structure including board and staff. See **Appendix G** and **Attachment N**.
- ii. Provide the information required in **Appendix H** about each Capital Development project *similar to this project* completed by your organization *during the past 5 years*.
- iii. Describe homeless projects and services your organization provides other than the project included in this application.

- iv. List all EHAP grants/loans received directly or indirectly for the past 5 years. Expand table, if necessary.

EHAP or EHAPCD grant/loan		Received	
Contract No.	Amount	Directly	Indirectly
	\$		
	\$		
	\$		
	\$		
	\$		



## APPENDIX G - EHAP PROJECT STAFFING

*Include all current and proposed project/program staff positions and requested information including administrative, operating, services, and capital development staff who will be assigned to the project for which you have submitted this application. Copy this page as necessary.*

Position ( <u>List each staff position separately</u> )	Name of Current Staff Person (State if vacant or proposed)	Average Hours Worked for this EHAP Project Per Week	Years in This Position	Other Years Related Experience	Related Education

## ATTACHMENT N

### ORGANIZATIONAL STRUCTURE AND BOARD ROSTER

## APPENDIX H – CAPITAL DEVELOPMENT PROJECTS COMPLETED TO DATE

Project Owner, Developer, and Architect	Project Name	Location	Number of Beds/Units	Development Activity Type	Completion Date	Major Funding Source	Contact Name	Phone No.

Use more than one table if needed. Note: If local branch is applicant form should include Capital Development completed by that local branch.

b. Fund Raising and Resource Development

- i. The organization's experience in fundraising, including using Federal, State, public, and private funds and donations.
- ii. Clearly describe the availability of other resources to support this project's operations. What has been the history of your funding sources? Are any of these sources no longer available? Do you expect that any funding sources will become unavailable? If you are starting a new activity or an increased level of service, what other operating resources are necessary? What is the availability of these resources?
- iii. Provide information about your organization's income and expenses on **Appendix I**.
- iv. The number of volunteers active on a regular basis, work performed by the volunteers and the average number of hours a week worked during the past 12 months by volunteers for the proposed project, if existing or for your existing program(s).

Volunteer Activity	No. of Volunteers	Avg. Volunteer Hours Weekly

# APPENDIX I - ORGANIZATION INCOME AND EXPENSE STATEMENT

*To be completed by Non-profits only*

(A) INCOME	(B) PRIOR FY __/__/__ - __/__/__	(C) CURRENT YEAR __/__/__ - __/__/__	(D) PROJECTED FY __/__/__ - __/__/__
Private Donations			
Local Govt. _____			
State – EHAP			
State – Other _____			
FEMA			
CDBG			
Federal – Other _____			
Rental Income			
Fees			
Other _____			
Other _____			
TOTAL INCOME	\$	\$	\$
EXPENSES			
Rent/Lease			
Debt Service (Principal & Interest)			
Taxes			
Insurance			
Staff (for direct client services)			
Administration (incl. Admin. staff)			
Maintenance			
Utilities			
Reserves			
Other _____			
Other _____			
TOTAL EXPENSES	\$	\$	\$

Auditor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

v. Describe the level of community interest and involvement in this project.

vi. Describe if and how your facilities and/or services are and will be coordinated with other organizations for the proposed project.

c. Stability and Solvency

- i. When did the organization incorporate? \_\_\_\_\_/\_\_\_\_\_  
month year
- ii. How long has the organization been involved in providing services for the homeless?
- iii. How long has this shelter/facility been operated by this organization?  
How long has the facility been its present size?
- iv. Who (by name and title) is responsible for directly ensuring that expenses charged to this loan are consistent with the application and are eligible expenses?
- v. Provide the information required in **Appendix J** about past occupancy for the proposed project. (Not applicable to new construction project)  
Provide information for History and Projections of all Project Operations Funding Sources – **Appendix K**.
- vi. Financial management systems: Clearly describe your method of establishing the budget, approving payments, recording income and expenses, charging expenses to specific funding sources, preparing reports, and ensuring that expenses are consistent with the application. Address your organization as a whole and the capital development expenses of the proposed project.

## APPENDIX J – PAST OCCUPANCY\*

MONTH	TOTAL PERSON SHELTER DAYS (I.E., ACTUAL COUNT FOR EVERY DAY OF THE MONTH FOR 2002)	AVERAGE OCCUPANCY VS. MAXIMUM BED/APARTMENT CAPACITY
<b>EXAMPLE</b>	<b>900 PERSONS SERVED</b>	<b>30 OF 35 BEDS OR APTS. OCCUPIED</b>
April 2002		
May		
June		
July		
August		
September		
October		
November		
December		
January 2003		
February		
March		

Table not applicable to new construction projects.



## APPENDIX K - HISTORY AND PROJECTION OF ALL PROJECT OPERATIONS FUNDING SOURCES

*Note: Copy this page as many times as necessary*

Funding Source <i>(specific funding sources and grant names, e.g., City of Sacramento/CDBG) Include foundations and donations. Attach pages as necessary.</i>	2001 (actual)	2002 (actual)	2003 (projected)	2004* (projected)
Volunteer Time (valued at \$10/hour)				
TOTAL ALL SOURCES	\$	\$	\$	\$

Submit as Attachment J available evidence of other funding, e.g. award letters, or submit available evidence of past funding for proposed sources.

\* If first full operating year is after 2004, re-label these columns to include at least two years of information.

ATTACHMENT O – (Page 54 of Completed Application)

EHAP CAPITAL DEVELOPMENT **PROJECT OWNER (DEVELOPMENT ADMINISTRATOR)**  
INFORMATION  
(RESUME, JOB DESCRIPTION, REQUIREMENTS)

What is the name and title of the staff or contact person responsible for oversight of the Capital Development project within your organization? Submit as **Attachment O**, a resume, written service commitment, and statement of qualifications that explains this person's experience relevant to project development and construction, or if not yet selected, a job description and requirements. Submit the same Attachments for:

- O-1** Project Developer – (Page 55 of Completed Application)
- O-2** Project Architect - (Page 56 of Completed Application)
- O-3** Project Property Management - (If Applicable, Page 57 of Completed Application)

**AND**

ATTACHMENT P – (Page 58 of Completed Application)

ANNUAL FISCAL REPORT SUBMITTED TO THE SECRETARY OF STATE, FRANCHISE TAX BOARD, OR IRS FOR 2001 *OR* 2002 (*MOST CURRENT*) SHOWING TOTAL INCOME AND EXPENDITURES *FROM THE MOST RECENT FULL YEAR*  
(NON-PROFIT APPLICANTS ONLY)

## II. IMPACT AND EFFECTIVENESS

### A. Client Capacity Increase

1. The existing or projected types and estimated numbers and percentages of primary/target clients served/to be served *during a service year*. If client type is not listed, please list it under "Other" and indicate type of client. Total percentages may equal more than 100 percent.

Type of Client	Estimated No. Served	Estimated Percent Served
Single Men		%
Single Women		%
Single Women w/children		%
Single Men w/children		%
Families (includes married w/o children)		%
Domestic Violence Victims		%
Mentally Disabled		%
Physically Disabled		%
HIV/AIDS		%
Substance Abusers		%
Other: _____		%

### B. Operations and Supportive Services: Existing and Planned

1. The proposed shelter and transitional housing facilities and services you will provide through the project that would be funded through this application.

2. On-site services this project will offer to clients. Describe services such as food, clothing, life skills education, medical screening, service referrals, specialized services such as mental health services, permanent housing assistance, follow-up counseling after move out, and employment/income support programs.
3. Off-site services this project will offer to clients, including method of transporting clients to these services.
4. Describe the specific services this project will provide for specific populations (e.g., substance abusers, domestic violence victims, AIDS patients)
5. Describe your organization's outreach to clients and homeless prevention activities.

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## ATTACHMENT Q

POLICIES AND CONDITIONS OF STAY (E.G., INTAKE PROCEDURES, HOUSE RULES)

C. Extent Proposed Project Addresses Community Needs

1. Clearly describe the needs the EHAP-funded Capital Development project will address in the community, and how these needs were assessed. To the extent that the need for your program has been addressed by independently prepared reports, cite the reports and their data. If your project meets a need identified as a high priority in a county “continuum-of-care” plan and/or Local Emergency Shelter Strategy (LESS), indicate this. Make sure to indicate whether any other needs have a higher priority.
2. Describe the impact and effectiveness that this project’s facilities and/or services will have in meeting local needs.

**III. COST EFFICIENCY**

A. Need for EHAPCD Funds

1. How will this project’s proposed activities not unnecessarily duplicate existing services? Describe how your organization coordinates its services with other homeless service providers to ensure that there is no unnecessary duplication of services.

2. What would the specific consequences to your program be if the EHAPCD loan is not funded? If the project is infeasible without EHAPCD funding, explain in detail why and what contingencies would first be explored before abandoning the project. General statements such as EHAPCD funds are needed to make up reductions in other funding sources will be scored lower than persuasive explanations of specific consequences. Do not describe the number of homeless in your community, or the general need for homeless assistance in your community.

B. Operations/Capacity Costs Analysis (No action necessary - from Appendices and Attachments, then results compared to competitive applicant pool)

C. Design

1. Site Location

Describe the site location in respect to nearness to community support services, facilities, and mass transportation. What is the neighborhood's property use blend?

2. Compatibility with Neighborhood

Describe how your project reflects the integration of resident needs and activities, neighborhood context and community related design goals. Support rationale with concept and design discussion including the topics of aesthetics and environmental concerns.

3. Fundamental Design Analysis

**Attachments R thru T**



ATTACHMENT R – (Page 65 of Completed Application)

PROJECT SCHEMATICS

Submit as **Attachment R** schematic drawings of project, including site plan as necessary, floorplans, and building elevations showing square footage.

**AND**

ATTACHMENT S – (Page 66 of Completed Application)

REHABILITATION – CURRENT CONDITION STATEMENT AND OVERALL SCOPE OF WORK

Submit **Attachment S** for rehabilitation projects. Describe the current condition of the structure(s) and a general description of the overall scope of work. Include a discussion of any proposed modification to the building or unit configurations, unit mix, need for seismic retrofit, or modifications in use (e.g., commercial/tourist hotel to apartments). Provide copies of any available consultant reports, such as Capital Needs Assessment, Physical Needs Assessment, Replacement Reserve Study, and Feasibility Studies.

**AND**

ATTACHMENT T – (Page 67 of Completed Application)

DOCUMENTATION OF OFF-SITE IMPROVEMENT COSTS

Submit as **Attachment T** documentation supporting the budgeted costs for off-site improvements, local impact fees and permit fees, and any unusual costs.

D. Special Design Features

1. Described the cost efficient features incorporated into your project design. i.e., solar heating-active and or passive, use of recycled materials, drought tolerant landscaping.

USE THE REMAINDER OF THIS PAGE FOR ADDITIONAL SPACE, IF NEEDED. SPECIFY WHICH PAGE AND QUESTION YOU ARE CONTINUING TO ANSWER.

#### IV. DESIGNATED LOCAL BOARD (DLB) PRIORITIES

Submit this section under this Tab Heading:

#### IV. DESIGNATED LOCAL BOARD (DLB) PRIORITIES

##### PRIORITY DETERMINATION MATERIAL

For Projects Located in \_\_\_\_\_ County  
(Indicate County)

##### A. Overview

*If the EHAPCD project you seek funding for is located in a county/region which has a Designated Local Board, please contact that board directly to confirm that the DLB's local priorities have been approved by the state and to identify those local priorities before submitting Section IV of the EHAPCD NOFA.*

*Suggested format or may use alternate format if includes **all** of the same information:*

Applicant Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Site Address: \_\_\_\_\_  
(If address is confidential provide the city, county and zip code)

City/State/Zip Code: \_\_\_\_\_

Type of Funding Activity    ☐ Acquisition            ☐ New Construction  
Check all that apply:        ☐ Rehabilitation

Project Priorities (150 points maximum)

**PLEASE CONSULT THE PROJECT PRIORITIES FOR YOUR COUNTY OR LOCAL LOS ANGELES REGION BEFORE ANSWERING THIS QUESTION.**

For projects located in Los Angeles County, mark the region where the project is located.

- ☐ Region 1
- ☐ Region 2
- ☐ Region 3
- ☐ Region 4
- ☐ Region 5
- ☐ Region 6

**1. Priority Area I**

- A. Copy your county's/region's Priority Area I description from Appendix A.
- B. Number of points available for this Priority Area \_\_\_\_.
- C. Explain how the proposed project addresses this Priority Area.

**2. Priority Area II Description**

- A. Copy your county's/region's Priority Area II description from Appendix A.
- B. Number of points available for this Priority Area \_\_\_\_.
- C. Explain how the proposed project addresses this Priority Area.

**3. Priority Area III Description**

- A. Copy your county's/region's Priority Area III description from Appendix A.
- B. Number of points available for this Priority Area \_\_\_\_.
- C. Explain how the proposed project addresses this Priority Area.

**4. Priority Area IV (if your county/region does not have a Priority Area IV, mark N/A).**

- A. Copy your county's/region's Priority Area IV description from Appendix A.
- B. Number of points available for this Priority Area \_\_\_\_.
- C. Explain how the proposed project addresses this Priority Area.

**5. Priority Area V (if your county/region does not have a Priority Area V, mark N/A).**

- A. Copy your county's/region's Priority Area V description from Appendix A.
- B. Number of points available for this Priority Area \_\_\_\_.
- C. Explain how the proposed project addresses this Priority Area.

*Add more Priority Areas if appropriate per the LESS amendment.*

## V. STATEWIDE PRIORITIES

### PRIORITY DETERMINATION MATERIAL

For Projects Located in \_\_\_\_\_ County  
(Indicate County)

#### A. Overview

*If the EHAPCD project you seek funding for is located in a county/region which has a local board that has decided not to participate in setting their own local priorities or a non-DLB county, please address the Statewide Priorities as presented in the **Statewide Priority Setting System** table which follows this outline.*

Applicant Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Site Address: \_\_\_\_\_  
(If address is confidential provide the city, county and zip code)

City/State/Zip Code: \_\_\_\_\_

Type of Funding Activity    ☐ Acquisition            ☐ New Construction  
Check all that apply:        ☐ Rehabilitation

### **Project Priorities** (150 points maximum)

#### 1. **Priority Area I**

A. Increase in Capacity.    \_\_\_\_\_ Emergency Shelter    \_\_\_\_\_ Transitional Housing or Safe Haven

B. Number of points available for this Priority Area equals 40.

C. Explain how the proposed project addresses this Priority Area.

## **2. Priority Area II**

### **A. Local Priority.**

- B. Number of points available for this Priority Area equals 40.
- C. Explain how the proposed project addresses this Priority Area.

## **3. Priority Area III**

### **A. Project Readiness.**

#### **i. Evidence of legally enforceable title giving applicant right to develop.**

- B. Number of points available for this Priority Area equals 20.
- C. Explain how the proposed project addresses this Priority Area.

#### **ii. Evidence that the conditional use permit has been obtained for the project.**

- B. Number of points available for this Priority Area equals 10.
- C. Explain how the proposed project addresses this Priority Area.

**3. Priority Area III (continued)**

**A. Project Readiness (continued)**

**iii. Evidence that all funding commitments are in place.**

B. Number of points available for this Priority Area equals 10.

C. Explain how the proposed project addresses this Priority Area.

**4. Priority Area IV**

**A. A written commitment with an experienced development consultant exists.**

B. Number of points available for this Priority Area equals 30.

C. Explain how the proposed project addresses this Priority Area.

## V. STATEWIDE PRIORITY SETTING SYSTEM

B. Table - 150 total points possible

### Priority Area I: Increase in Capacity (40 points possible)

1.A.	<b>Emergency Shelter:</b> Project demonstrates an increase in capacity greater than 30 new beds or more than 30 preserved beds.	40
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*23-30 beds = 40 pts., 15-22 beds = 30 pts., 7-14 beds = 20 pts., 0-6 beds=10 pts.*

**OR**

1.B.	<b>Transitional Housing or Safe Haven:</b> Project demonstrates an increase in capacity greater than 18 new beds or more than 46 preserve beds.	40
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*14-18 new beds = 40 pts., 9-13 beds=30 pts., 4-8 beds=20 pts., 0-3=10 pts.*

*35-46 preserved beds = 40 pts., 23-34 beds = 30 pts., 11-22 beds = 20 pts., 0-10 beds=10 pts.*

### Priority Area II: Local Priority (40 points possible)

*Applicant has submitted documented evidence that:*

2.	A “high” priority has been given to the applicant’s proposed project in the region’s Continuum of Care plan, LESS, or similar community plan.	40
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### Priority Area III: Project Readiness (40 points possible)

*Applicant has demonstrated a level of readiness and has submitted:*

3.	Evidence of legally enforceable <i>fee</i> title giving applicant right to develop.	20
----	-------------------------------------------------------------------------------------	----

4.	Evidence that the conditional use permit has been obtained for the project.	10
----	-----------------------------------------------------------------------------	----

5.	Evidence that all the funding commitments are in place.	10
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### Priority Area IV: Applicant Capability (30 points possible)

*Applicant has submitted evidence that:*

6.	A written commitment with an experienced <i>outside</i> development consultant exists.	30
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The Department has attempted to identify the prime indicators of merit upon which points will be assessed for each category. However, in the event that other indicators of merit for any category are appropriately presented in the application, the Department will assess the relative value and incorporate such indicators into the point schedule accordingly.

### Scoring Procedures

*An application’s rating scores will be totaled. Applicants will be ranked and then grouped into quartiles with the top score being 150 points and descending incrementally. The top 25% of applicants will earn 150 points, the second group will be given 112.5 points, the third group 75 points, and the final group 37.5 points. If applications received are not divisible by four, the ranked applications will be distributed so that the upper quartile groups are filled first,, but never containing more than one extra application than the lowest quartile group. **This system will apply to both Statewide and DLB priorities, respectively.***



## ADDENDUM A – SERVING SELECTED POPULATIONS WITH EHAP FUNDING

**DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
DIVISION OF COMMUNITY AFFAIRS**

1800 Third Street, Suite 390  
P. O. Box 952054  
Sacramento, CA 94252-2054  
(916) 322-1560  
FAX (916) 327-6660



## **Serving Selected Populations with EHAP Funding**

September 12, 2002

**The following is a simplified layman's guide for shelter providers seeking to serve selected populations using Emergency Housing and Assistance Program (EHAP) funds administered by this department.**

### **Legal Requirements:**

Generally, service to selected populations must comply with a variety of legal requirements, including the 14<sup>th</sup> Amendment to the U. S. Constitution, the U. S. Fair Housing Act (and amendments) of 1968 (and 1988), the California Fair Employment and Housing Act and the California Unruh Civil Rights Act. Depending on the circumstances, other statutes may apply, including Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Additionally, there are specific applicable provisions of the EHAP Statutes (Health and Safety Code Section 50800, et seq.) Given the potential overlap of legal requirements, shelter providers should consult an attorney to identify the specific applicable requirements for serving any selected population of clients.

### **EHAP Emergency Shelter "First-Come, First-Served" Requirements:**

Emergency shelter facilities receiving funds from EHAP are required (See H&S Section 50801.5(b).) to provide emergency shelter and services "*...on a first-come, first served basis for whatever time periods are established for the shelter.*" HCD believes that this provision prohibits the use of EHAP funds for emergency shelters for selected populations. However, recognizing that many shelter providers have mission-driven restrictions, HCD has allowed the funding of such shelters **provided** that no homeless individual or family is forced to remain without shelter while there is available bed space. In circumstances where any client is denied shelter when there is a vacancy, EHAP emergency shelter providers must ensure that there is adequate alternate accommodation - including arranging for a bed or providing a voucher for a bed at an alternate facility and reasonable transportation to that facility.

### **EHAP Transitional Housing:**

Transitional housing facilities receiving funds from EHAP are not subject to the first come, first-served provisions like emergency shelter facilities, but they are still subject to other legal requirements affecting client service. Among those requirements are EHAP regulations (Section 7959 (e)), which, as an eligibility requirement, prohibit EHAP applicants or grantees from providing client housing in a manner that denies benefits on an arbitrary basis, and case law for the Unruh Civil Rights Act, which prohibits all arbitrary discrimination. Under Unruh,

discrimination is considered non-arbitrary if the nature of the physical facilities or the nature of the services provided reasonably necessitates a particular restriction. Because whether a transitional housing provider is in compliance with Unruh is a fact driven question, applicants and contractors are encouraged to consult their own legal counsel regarding this issue.

If a State or Federal law or regulation requires an EHAP transitional housing facility to exclusively serve a select homeless subpopulation, such a restriction would not be considered arbitrary.

### **Stewart B. McKinney Homeless Assistance Act (McKinney Act) Compatibility:**

H&S Section 50800 (c) allows EHAP funds to be used in emergency shelter facilities receiving funds from McKinney Act Programs which require exclusive services to selected populations – provided that the McKinney Act client restrictions arise in the McKinney Program law or regulations (as opposed to restrictions arising from those self-imposed by the applicant/shelter provider.) Contracts between the shelter provider and HUD that merely codify client restrictions proposed by McKinney Act recipients are insufficient basis for invoking the McKinney Act exemption to the EHAP first-come, first-served requirements.

### **Selecting Clients on the Basis of Sex:**

H&S Section 50801.5 (b) effectively allows emergency shelter and transitional housing providers using EHAP funds to restrict occupancy on the basis of sex – provided that the restrictions are not arbitrary. Generally, that means that in EHAP funded facilities, notwithstanding the Unruh Civil Rights Acts or any other provision of law, shelter and services may be offered exclusively for either women or men – provided that any such exclusivity is based on a reasonable service need.

### **Selecting Clients on the Basis of Age**

H&S Section 50801.5 (b) also permits emergency shelter and transitional housing providers to restrict occupancy exclusively to persons 24 years of age or younger. Generally, that means that in EHAP-funded facilities, notwithstanding the Unruh Civil Rights Act or any other provision of law, shelter and services may be offered exclusively to persons 24 years of age or younger – provided that any such exclusivity is based on a reasonable service need.

### **Selecting Clients on the Basis of Family Status:**

With respect to using EHAP funds for shelter and services exclusively for either women or men (as allowed under H&S Section 50801.5(b) indicated above) there are limits to the restrictions that can be imposed when serving families. In the case of families, providers of emergency shelter or transitional housing which operate single sex facilities shall provide, to the greatest extent feasible, adequate facilities within their range of services so that all members of a family may be housed together, regardless of age and gender. In other words, families should not be forced to split up in order to stay in EHAP funded facilities that would otherwise exclusively serve either men or women.

If there are any questions regarding these issues, please contact the HCD Homeless Programs at (916) 445-0845.